Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			11-11-11-11

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
.

8

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03005
1. PLACE OF DEATH	205
County & Carely	Registration Dist. No. /66
Village or City Records Md.	No. St., Ward
Length of residence in city of town whele death occurred yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lawes Being	
(a) Residence: No.	St., Ward.
(Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
Male White OR DIVORCED (write the word)	10/10 15 1935
5a. If married, widowed, or divorced HUSBAND of	, , , , , , , , , , , , , , , , , , , ,
(or) WIFE of Supcella Beelgel.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) aud, 24,	I last saw have alive on Mor 15 , 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1m.
4/ 6 2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	Machinery recidents, in sourcould. Date of onset
9. Industry or business in which work was done, es SILK MILL,	From Well.
SAW MILL, BANK, etc.	Decedent's clothes got cought in Abalting of circular
10. Dato deceased last worked at this occupation (month and year)	saw, whiching him around, striking his head on pulleys
0 - 1 -	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	
TE OLGO	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of
15. MAIDEN NAME ALL DUA 13 OLINIA	What test confirmed diagnosis?
15. MAIDEN NAME Au san Bourna 16. BIRTHPLACE (city or town) Occeptual	Accident, suicide, or homicide? Gooden Lands of Injury 19
State or country)	Where did injury occur? Meas Oakland, Garrett County maryland.
17. INFORMANT Significant Page, Incil	(Specify city or town, county and State) √ Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) accedent WA	In industry in a saw-mills
18. BURIAL, CREMATION, OR REMOVAL	Monner of injury Clothes caught in shafting of circular saur.
Place CC CCCCCC Date 1101, 192 D	Nature of injury Fractured skull.
19. UNDERTAKER CHARLEY N. BOLDER	24. Was disease or injury in any way related to occupation of deceased?
The state of the s	(Signed) ( ) Herry by each M. D.
20. FILED MAN 16 , 1935. Julia /Couany Registrar.	(Address) Day Jaced 111-1
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		VRECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

· ·		
· · · · · · · · · · · · · · · · · · ·		

rojumento.	County Santil	1	Registration Dist. No. / 6 6
	Village or City		NoSt.,  If death occurred in a hospital or institution, give its NAME instead of street and number
	Length of residence in city or town where death oc	curred yrs mo	sds. How long in U.S. if of foreign birth?yrsmos
1	(a) Residence: No.		St., Ward,
		Jaual place of abode)	If nonresident give city or town and State
1_	PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH
3.	Mule 4. COLOR OR BACE S. SIN OR	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) , 193
5a.	If married, widowed, or divorced HUSBAND of Oor) WIFE of	Bunt	22. I HEREBY CERTLEY, That Lattended deceas
	Julia and Julia	8 21-	19,19,19,19,1
	AGE Years Months	Days If LESS than 1 day,hrs	I THE EXITED AS CAUSE OF DEATH and related causes of importance
NOI	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(01	were as follows:
No.	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
220	10. Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupetion	
12.	BIRTHPLACE (city or town)	I m	Other Contributory Coases of importance: for drawing with the contributory Coases of importance:
FATHER	13. NAMP OUT LONG	ur	
FAT	14. BIRTHPLACE (city or town) (State or country)	<b>SO</b> /	Name of operation Date of Date of What test confirmed diagnosis? Wes there an autopsy
OTHER	15. MAIDEN NAME / WYO	Toole	23. If death was due to external causes (VIOL ENCE) fill in also the following:
10	16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?, Date of injury, 1
17.	(State or country)	aun	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	(Address)  BURIAL, CREMATION, OR REMOVAL  Place  A Control  Place	3/8 ,31	Manner of Injury
19.	UNDERTAKER Company Ol	der	Nature of Injury 24. Was disease or injury in any way related to occupation of deceased?
-	(Addiess) Vareline	ny	If so, specify Afterelieury (Signed) III.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		CECT O YOU	
Other contributory causes of importance:	Į.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

M	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
NG Č	NENT RECORD. ET LY. PHYSICI
MARGIN RESERVED FOR BINDING	HIS IS A PERMADE Stated EXA (be properly classified)
RGIN RESERV	FADING INK—T lied. AGE should ms, so that it may
MAI	be carefully supp EATH in plain ter
1	RITE PLA ion should USE OF D

	L be carefull EATH in p	The same
lo. 1	MARTIE PLAINLY, WITH THE SHOULD BE CAUSE OF DEATH in p. TION is very important	
V. S. No. 1	z. G	)

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03007	Y
1. PLACE OF DEATH	(50)	2
County Harrett	Registration Dist. No.	2
Village or City Ilesternport P. J. D	NoSt.,	Ward
(If Length of residence in city or town where death occurredyrs	death occurred in a hospital or institution, give its NAME instead of street and number deathds. How long In U.S. if of foreign birth?yrsmos	er)
2. FULL NAME Mary Elizabeth Bros	1 - 4	03.
7 1-11-1	t.	
(a) Residence: No. 2011 Constitution (Usual place of abode)	St., Ward.  If conresident give city or towo and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  March  (Month)  (Day)  (Day)	35- Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles & Brookwaters	22. PIHEREBY CERTIFY, That I attended decea	
6. DATE OF BIRTH (month, day, and year) June 18, 1861	I last saw her alive on march 3, 1935; deal	th is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
78 8 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	e of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		
Let 1.49. Industry or husiness in which	Cancerdoma 34	class
work was done, as SILK MILL, SAW MILL, BANK, etc		go
No. Date deceased last worked at this occupation (month and Jane, 1934)  11. Total time (years) spent in this occupation 42		
12. BIRTHPLACE (city or town) Sommer field  (State or country) Pennsylvania)	Other Contributory Causes of importance:	no ago
13. NAME John Grag.		
13. NAME  14. BIRTHPLACE (city or town) Lowellan Country  (State or country)	Name of operation superstating breast. Date of along	+ 1930
15. MAIDEN NAME Margaret ann Easter	What test confirmed diagnosis? Was there an autops:  23. If death was due to external causes (VIOLENCE) fill in also the following:	<u> </u>
15. MAIDEN NAME Margaret ann Easter 16. BIRTHPLACE (city or town) (State or country)  4. J.A.	Accident, suicide, or homicide?	19
17. INFORMANT Mrs. Coloner Micheal (Address) 9 1 10 to the many micheal	(Specify city or towo, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Philas ementricate Mars 9, 19.35	Manner of Injury	
19. UNDERTAKER S. Bota (Addiess) Barton Miles	24. Was disease or injury in any way related to occupation of deceased? No	
20. FILED MAR 8, 1935 Dorsey Cattorn Registrar.	(Signed) (Address) Hesternant m	M. D.
		Est garage

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

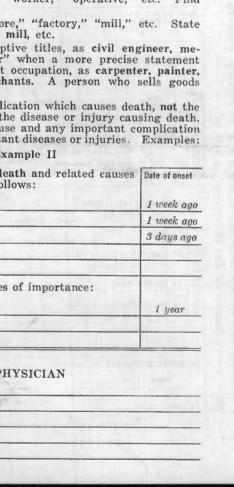
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	t t	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	RHRTHER	STATEMENTS	RV	PHYSICIAN	
ADDITIONAL	SPACE	TUR	FURTHER	STATEMENTS	DI	PHISICIAN	



V. S. No. 1

ż

County Sanett	Registration Dist. No. 9168
Village or City Rear Transforg	NoSt.,Waldeath occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	ds. How long in U. S. if of foreign birth?yrsmos6
(a) Residence: No. Martin Sun Hou	St., Ward.
(Usual prace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
male White OR DIVORCED (write the word)	Mch /O ,193 (Year)
. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) O. 7 22-1866	i last saw h Sivy on 19 19 19 19 19 19 19 19 19 19 19 19 19
AGE Years Months Days If LESS than	to have occurred on the data stated above, at
54 4 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
Trade, profassion, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc.	Tours test in field
9. Industry or business in which	2- +
SAW MILL, BANK, atc	Matural courses
this occupation (month and year) 11. Total time (years) spent in this occupation . Jagrae	Epilepsy (information through family).
BIRTHPLACE (city or town)	Other Contributory Canses of Importance:
13. NAME Lecony II. Bucho	
14. BIRTHPLACE (city or town)(Stata or country)	Name of oparation Date of
15. MAIDEN NAME	What test confirmed diagnosis? Was there an autopsy?
- management	23. If daath was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicida?
INFORMANT II Early Brushes	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Theyers wille Md Date 12 , 1955	Nature of Injury
UNDERTAKER J. J. Aurst	24. Wes disaase or Injury In any way related to occupation of deceased?
(Address) f frostling mod	(Signad) a, R. Halky
FILED 1937 OLIN, OF OUR	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

part.

WITH UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be N. B.-WRITE PLA

V. S. No. 1

	CERTIFICATE OF DEATH 03009
1. PLACE OF DEATH	<u> </u>
County Garret,	Registration Dist. No. 170
	No. St., War feath occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long In U.S. if of foreign birth? yrs. mos. d
(Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  OR DIVORCED (write tha word)	21. DATE OF DEATH 3 // 1935 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased fro
6. DATE OF BIRTH (month, day, and year) 3/11/35	I last saw h ; death is sai
7. AGE Yaars Months Days If LESS than 1 day,hrs. ormin.	to have occurred on tha date stated above, at _3m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Pantaneous abortions
work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this occupation (month and spent in this year)	
12. BIRTHPLACE (city or town) (State or country)  Mo	Other Coutributory Causes of importance:
13. NAME Milton Clark	
14. BIRTHPLACE (city or town) (State or country).	Nama of operation Date of Was thera an autopsy?
15. MAIOEN NAME Martha & acker  16. BIRTHPLACE (city or town)  (State or country) md/	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?, 19,  Whare did injury occur?
17. INFORMANT Martha Karler mol	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Place The Clark Farm, Date 3/1/35,1936	Manner of injury
19. UNDERTAKER father will being	24. Was disaasa or injury in any way related to occupation of deceased?  If so, specify  (Signed)  The Friends A. F.
20. FILED Mar 11, 1935 Flee B Brown. Registrar.	(Signed) Sonderwy, M. [ (Address) Sonderwy, M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

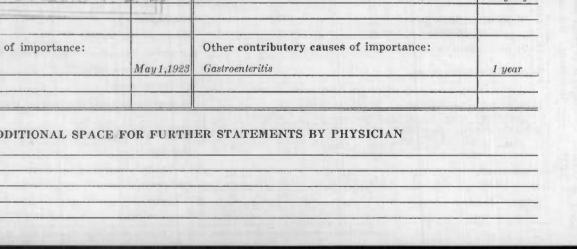
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i de	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	mi to	
Gallstones	May 1,1923	Gastroenteritis	1 year	



	4
	ó
0	ž
ē	ń

	County / 1/5/2	ett	Registration Dist. No. 168
	Village or City near	12mel	No. St
	Length of residence in city or town where de	ath occurred Dyrs mo	f death occurred in a horpital or institution, give its NAME instead of street and number  sds. How long in U.S. If of foreign birth? 59yrsmos
2	. FULL NAME MAN	An in	Or and an one in order of the state of the s
1	(1) 2 :: 1	Ind DI	D#2 Voor Vathung
-		(Usual place of abode)	Maro. Manus Manus State
_	PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	Emale White	S. SINGLE, MARRIED, WIDOWED. OR DIVORCED Swrite the word)	21. DATE OF DEATH Mar // (Day) (Y
5a.	If married, widowed, or divorced HUSBAND of	7	
	(or) WIFE of Casper O	rees	22. I HEREBY CERTIFY, That I attended dacass.
6. D	DATE OF BIRTH (month, day, and year)	y 12 1855	I last saw h _ alive on who at sec 13, 1934 ; death
7. A	GE Years Months	Days If LESS than	to have occurred on the date stated above, at 2 30 At-m.
	79 3	28   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
NO	8. Trade, profession, or particular kind of work done, as SPINNER,	4 7	Cerebral Jemor hage M
B	SAWYER, BDDKKEEPER, etc	Justing	
3	work was done, as SILK MILL, SAW MILL, BANK, etc		
Ö	1D. Date daceasad last worked at this occupation (month and	. 11. Total tima (yaars) spent in this	
	year)	occupation	Other Contributory Causes of importance:
12.	BIRTHPLACE (city or town) (State or country)	many	/diperto
E E	13. NAME		f 19/ correction
E	X 14. BIRTHPLACE (city or town)	wa	Nama of operation
1	(State or country)	nown	What tast confirmed diagnosis? Clan Find Was there an au'opsy
HER	15. MAIDEN NAME		23. if daath was due to axtarnal causes (VIDL ENCE) fill in also the following:
F 1	16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury, 19
Σ	(State or country)	Λ	Where did injury occur?
	(Addrass) RI= N#2/From	thing mg	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. 1	Place Tangal Place	Dat Mar 13 ,35	Manner of injury
19. (	UNDERTAKER AND	ust.	24. Was disease or injury in any way related to occupation of decaased?
20. 1	FILED Marila, 1935 ID	man Crown	(Signed) DM Lang (Addrass) Both Line Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

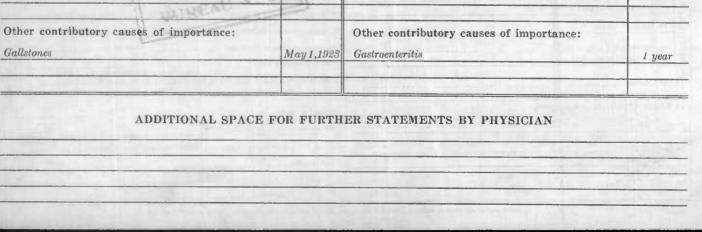
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	A Line ALPEA
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	. 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
DATE NO.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1.year



MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(820)
County Tarrett	Registration Dist. No.
Village or City Stitzmiller	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME SY atio Elect	100 tong in 0.0.11 of foreign bitte:
	O. W
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (write the word)	21. DATE OF DEATH March 24, 193.5 (Yeer)
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of J. E. Ebert.	22. I HEREBY CERTIFY, That I ettended deceased from , 19 , 19 , 19 , 19 , 19 , 19 , 19 , 1
6. DATE OF BIRTH (month, day, and yeer)	I lest saw h_L elive on, 19; death is said
7. AGE Yeers Months Oays If LESS then	to have occurred on the data stated above, at 3:30Pm.
6 0 9 2 1day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER,	
SAWYER, BOOKKEEPER, etc.	Spoplety Manh 24.3
work wes done, as SILK MILL, March. 24	4
The Data deceased lest worked at this occupation (month and 1935)  11. Total tima (yeers) spant in this occupation.	Was dead on armyal
12. BIRTHPLACE (city or town) Martin WVq.	Other Contributory Causes of importance:
13. NAME Noak Welsely,	
14. BIRTHPLACE (city or town) Grand Co	Name of operation Oete of
(State of Country)	What test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Gof death was due to externel ceuses (VIOLENCE) fill in elso the following:
[ 16. BIRTHPLACE (city or town) Swands lo	Accident, suicide, or homicide? Dete of injury, 19
(Steta or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT JUSSIE & Marrison	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place 1997 Of the Park of the	Nature of Injury
19. UNDERTAKER Stane & Algarples	24. Was disease or injury In any way releted to occupation of decaesed?
20. FILEO 3/26, 135 All Barriel Registrar.	(Signed) & Calph Calandella M. D.  (Address) If it willes, M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

02011



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	R FURTHER	STATEMENTS	BY	PHYSICI	AN

9	
•	

B.-WRITE PLA

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

TION is very important. See instructions on back of certificate.

Length of residence in city or town where deeth occurred.     1	RYLAND—CERTIFICATE OF DEATH 03012
County State   No.   No.   St.,   Ward.   Ward   Wa	
Length of residence in city or town where deeth occurred	
Length of residence in city or town where deeth occurred	
(a) Residence: No. Churchs  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (syste the word)  5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of  1. HEREBY CERTIFY, Thet i ettended decaasad from 1935, to 1935.	19 (If death occurred in a hospital or institution, give its NAME, instead of street and number)  19 yrs, 1 ds. How long in U.S. If of foreign birth?
(Utilal place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (runtie the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (runtie the word)  (Month)  (Day)  (Yeer)  22.  I HEREBY CERTIFY, Thet i ettended decaasad from the control of the	Evans
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  6. If merried, widowed, or divorced HUSBAND of (or) WIFE of  2. I HEREBY CERTIFY. Thet i ettended decaasad from the control of the con	
Sa. If merried, widowed, or divorced HUSBAND of (or) WIFE of  OR DiVORCED (write the word)  (Month)  (Day)  (Yeer)  22.  I HEREBY CERTIFY. Thet i ettended decaasad from the control of th	ICULARS MEDICAL CERTIFICATE OF DEATH
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of  1 HEREBY CERTIFY. Thet i ettended decaasad from 22. I HEREBY CERTIFY. Thet i ettended decaasad from 23. 1935	ED (runge the word) mav. 2 193 5
(or) WIFE of man 2, 19.35, to Man 2, 19.35	(month) (Day) (1eer)
6. DATE OF BIRTH (month, day, and year) may 13.1915   I lest sew h_2+ elive on	
	1913 lest sew h. Rt. elive on Man 2, 1935; daeth is said
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 2.1.3 Tem.	The state of the s
1 dey,hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	or min were as follows.
8. Trade, profession, or particular kind of work dona, es SPINNER, Hausework Lacel attacker of center rhamotic fever: in 1923, SAWYER, BDDKKEEPER, etc. Hausework in 1929, and in 1935, Cw250	Date of onest
9 Industry or business in which work was dona, as SILK MILL.	alule Rheumalis Hever with 1927
SAW MILL, BANK, etc.  100 Date daceasad last worked at  11. Total time (yaers)  11. Total time (yaers)	
this occupation month and 935 spent in this year. The Contributory Causes of importance; chronic, and occupation.	upation Williams
12. BIRTHPLACE (city or town) Allegan Commence C	
(State or country) / Oloonington, mil. Chance myocardition Donation; not statists	mil. Chrosic mucardition Devation; not stately
13. NAME Margan France	ne
(Stete or country)  Neme of operation  Other Date of	01 . 0 0 .
What test confirmed diegnosis? Was that an autopsy? 15. MAIDEN NAME Letter Buck!  23. If death was due to external causes (VIDLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town) Hyphanan Accident, suicide, or homicide?	
(State or couplry)  Where did injury occur?  (Specify city or town, county and State)	Where did injury occur?
17. INFORMANT A Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address Bloomington Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Manner of injury	Manner of injury
Place But minglen Ind: Dete Man . 5 , 1935 Nature of injury	Nature of injury
19. UNDERTAKER A 3 3 - 24. Was disease or injury In any way releted to occupation of deceased? No	
(Addiess) Western W. M. If so, specify Gigned) Carl All Com M. I.	D. C. UBLAND
20. FILED//AR 9, 1925 A TRESELIF AMESON (Address) Pildre W. Va.	Registrar. (Address) O'slasson, W.Va.

If more blanks dre needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	900
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
WAT V. C.			
Other contributory causes of importance:		Other contributory causes of importance:	4-11
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	Y	Y PHYSICIAN	V
--	---	-------------	---

E PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
Jo 1	plne	OCC
item	sho	of (
very	ANS	nent
D. E	SICI	taten
SOR	PHY	ct si
RE	[.]	Exa
ENT	r L	ed.
IAN	A C'	ssifi
ERN	EX	y cla
AP	ted	perl
IS	sta	pro
HIS	l be	be v
K-1	hould	ma
Z	ES	at it
ING	AG	so th
FAL	lied.	ms,
5	ddns	n ter
ITH.	ully	plai
Y, W	aref	H in
F	be c	EAT
PLA	plne	F D
6	she	0

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		(50)	,
County Gerrell	//	Registration Dist. No. / 6	/
Village or City Freedant	n had	NoSt.,	Ward
	A 11	death occurred in a hospital or institution, give its NAME instead of street and nur	
Length of residence in city or lown where deeth o	ccurred yrsmos	ds. How long in U.S. if of foreign birth?yrsmos.	ds.
2. FULL NAME (Oliviliana)	signa tox		
(a) Residence: No.	Usual place of abode)	St., Ward.  If nonresident give city or town and St.	
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	aic
	NGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
The o led 1. OI	R DIVORCED (write the word)	march Sm	93 (Yeer)
5e. If married, widowed, or divorced			
HUSBAND of John Fox		22. I HEREBY CERTIFY, That I attended de	ceased from
	5-8 1857	Consol 12th 365	eeth is seid
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months	Deys If LESS then	to have occurred on the date steted above, at 12/5 m.	peetn is seid
H1-1-1	27 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
	ormin.	Va- 11 - Use I Things	Data of onset
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	eury 1	d. T.	19902
	Kann	- Varjanara	,,,,,
9. Industry or business in which work was done, as SILK MILL, OWN SAW MILL, BANK, atc			
SAW MILL, BANK, etc	11. Total time (years) spant in this occupation		
year) agric 1724	occupation 22	Other Contributory Causes of importance:	)
12. BIRTHPLACE (city or town) Common	ille	Consuma 1 might brust	Henry
(State or country)	A		927
13. NAME Georg. D. Din	es		
14. BIRTHPLACE (city or town)		Name of operation Date of	
(State of country)	000	What test confirmed diagnosis? Wes there en au	opsy?
15. MAIDEN NAME Lucines M	Chelin	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Dete of injury	, 19
(State or country)	ua	Where did injury occur? (Specify city or lown, county and State)	
17. INFORMANT Mysel. M. TR	C	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC	E.
(Address) full days	1 1100		
18. BURIAL, CREMATION, OR REMOVAL	ne Mar. 8 1935	Manner of injury	
1/1 O/1 · - /	1920	Neture of Injury	
19. UNDERTAKER How Him when	ry p	24. Was disease or injury in eny wey related to occupetion of deceased?	0
(Address) Marilsville	J.md	If so, specify	
20. FILED MAN 6, 19.35 June	welle Statler	(Signed) A Cariola 22	M. D
#	Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	71

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	11	Example II	•
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Wast of man			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Line and the second	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-----------	---------	------------	----	-----------

V. S. No. 1

Exact statement of OCCUPA-

properly classified.

certificate.

of

See instructions on back

TION is very important.

CAUSE OF DEATH in plain terms, so that it may

# STATE OF MARYLAND-CERTIFICATE OF DEATH

03014

1. PLACE OF DEATH		159)
County Garret		Registration Dist. No. /6/
		No. St., Ward  (If death occurred in a horpital or institution, give its NAME instead of street and number)  os. ds How long in U.S. if of foreign birth? yrs. mos. vis.
2. FULL NAME Infant	Fraga - Tu	
(a) Residence: No.	(Usual place of abode)	' St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. 1 HEREBY CERTIFY, That I attended deceased from  22. 3, 19.35, to 25. 19.35
6. DATE OF BIRTH (month, day, and year)	rah 3, 1935	Hast saw her alive on 2 , 1985; death is said
7. AGE Yaars Months	Days If LESS than 1 day, 44 2 hrs	to have occurred on the data stated above, at7. 454m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.		Prenaturity (1 mille)
work was dona, as SILK MILL.	1	
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) - Gassett (State or country)	County,	Other Coutributory Causes of importance:
13. NAME Then Wale	hardet.	
13. NAME The Wale of 14. BIRTHPLACE (city or town) askers (State or country) mary &	Glade	Name of operation.  Date of
15. MAIDEN NAME Ty-len C	inhel	23. If death was dua to external causes (VIOLENCE) fill in also the following:
(State er country)	on o	Accident, suicide, or homicide?
(Address) Selly sport	V, RNFI	
18. BURIAL, CREMATION, OR REMOVAL Place asher Slacle	Date man 4 , 19 3 5	Manner of injury
19. UNDERTAKER HATROCLAS (Address) Jones For	raver & Son	24. Was disease or injury in any way related to occupation of decaasad?
20. FILED MAN 3 , 1935 - flas	mette Statle.	(Signed) Albert J. Long ham M. D.  (Address) Long ham M. D.

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

o be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	•	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of of importance were as	death and related causes follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	I cour will	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	(QZAISD)	3 days ago
er contributory causes of importance:		Other contributory cau	ses of importance:	
G ves	May 1,1923	Gastroenteritis		1 year
	-			

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 03015
1. PLACE OF DEATH		(159)
County Garret	P	Registration Dist. No. /6/
Village or City Asker Ge Length of residence in city or town where death	(If	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long to U.S. If of foreign birth? yrs mos ds.
2. FULL NAME Sofant 1  (a) Residence: No.	Frager - Two	± ₹ Z St. Ward.
(a) Nosidorico. Nos	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female white	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH.  (Month)  (Day)  (Year)
Sa. If marriad, widowed, or divorced HUSBAND of (or) WIFE of		22.   HEREBY CERTIFY. That I attended dacaasad from Juan 3, 1935, to Juan 3, 1985
6. DATE OF BIRTH (month, day, and year)	uch 3, 1935	I last saw h_en_ alive on
7. AGE Yaars Months	Days  If LESS than  1 day,	to have occurred on the date stated above, at
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		(Trement unity (Tmonths)
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		0
10. Data decaased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town). Game f. (State or country)	County .	Other Centributary Causes of importance:
13. NAME Glen blake Ifa	nee	
13. NAME Slew place 4 fa	I Glade	Name of operation Date of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Welew (  16. BIRTHPLACE (city or town)	umpel	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicida?
17. INFORMANT & spand frag	J. R. W*/	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Steles Glade D	ate may 44 1935	Mannar of injury
19. UNDERTAKER ASTACONALISMO (Addrass)	ver TSyr	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED man 3 , 1935 - Jean	wette Statler Registrar.	(Signed) Albat Angham M. D.  (Address) for field, Oa.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting &. S. No. 1.

V. 8. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

to be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	•	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			1
er contributory causes of importance:		Other contributory causes of importance:	
nes	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICA

ATE C	F DEAT	ГН	030	16
95-6	Desistration D	4	166	

1	1. PLACE OF DEATH				95-6
	County Garett				Registration Dist. No. / 6 6
	Village or City Hutton Md.				NoSt.,Ward
	Length of resid	dence in city or town where	death occurred		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?mosds.
					the state of the s
Ľ		ME Edna I			
	(a) Resident	ce: No. Hutto	(Usual place	of abode)	St., Ward.  If nonresident give city or town and State
-	PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH
	sex Temale	4. COLOR OR RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  march 10 1935
_	If married, widows HUSBAND of				(month) (Day) (1331)
	(or) WIFE of	Victor H. I	Celly		22. I HEREBY CERTIFY, That I attended deceased from
			00	10-1	, 19, to, 19, 19
	AGE Year	month, day, and year) 17		1891	to have occurred on the date stated above, at betting 5 and
	44	1 400000	18 Days	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
NOI	8. Trada, profession, or particular kind of work dona, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.			fe	gause of death, unknown
kind of work done, as SPINNER, HOUSEWITE SAWYER, BOOKKEPER, etc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc					Sound dead in bed at abo
000	10. Date decease	ed last worked at sation (month and 1935	11. Total t	ima (years) nt in this upation	No evidence of violence -
12. BIRTHPLACE (city or town) Elk Gargen, W. Va. (State or country)		.Va.	Other Coatributory Causes of importance - Crobable Course: Heart Sisease Cuty		
ER	13. NAME	Enic Statle	er		a dearth of endence no further in-
FATHER	14. BIRTHPLACE (State or	(city or town)	W.Va.		Name of operation
-	15. MAIDEN NAM		amer		What tast confirmed diagnosis? Was thera an autopsy?
MOTHER		- MILITIE		*** ***	23. If death was due to external causes (VIOLENCE) fill in also the following:
M	16. BIRTHPLACE (State or	(city or town) Pres	con co.	. YV • V.4% •	Accident, suicide, or homicide?
17. INFORMANT Victor H. Kelly (Address) Hutton, Md					Whera did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL					Manner of Injury
Place Red House, Md. Date Mar. 13 ,19 35			Date Mar	13.,19.35	Nature of injury
19 UNDERTAKER A.F. Collins (Address) Terra Alta W.Va.			a W.Va./	7	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3- 12- ,1935 Julia Kowan			Sin K	Registrar.	(Signad) M. M. D.
		If more		address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		PECELVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93.2
County Lassett	Registration Dist, Np. / 6 6
Village Dr City Clarkland 110	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
MICHARD A	ds. How long In U. S. if of foreign birth?yrs,mosds.
2. FULL NAME Mary Cline / Ces	ul-
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Dey) (Yeer)
HUSBAND of Obe King	22. I HEREBY CERTIFY, That I attended decessed from 1935, to 1935
6. DATE OF BIRTH (month, dey, end yeer)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
18 7 6 Idey, hrs.	Tha PRINCIPAL CAUSE OF DEATH and releted ceuses of importence
8. Treda, profession, or particuler kind of work dona, es SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (yeers)	Oposee Magoendele
work was done, as SILK MILL, SAW MILL, BANK, etc.	· · · · · · · · · · · · · · · · · · ·
Dato decessed last worked at this occupation (month end yaar) 11. Total time (yeers) spant in this occupation occupation	
12. BIRTHPLACE (city or town). Exame wille (State or country)	Dither Contributory Causes of importance:
13. NAME lever. Alever.	
14. BIRTHPLACE (city or town)	Neme of operation Data of
(Steta of Country)	What test confirmed diagnosis? Was there en eulopsy?
15. MAIDEN NAME Elizabeth Kareh	23. If death wes due to external causes (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME Elizabeth Kaseh	Accident, suicide, or homicide? Dete of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFDRMANT After Acquire (Address) Harting W.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Care Company Marie May 23, 1935	Manner of Injury
19. UNDERTAKER 2000 A Bolden (Address) Da Bolden	24. Wes disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED Mar 22,1935 Julia Rouan Registrar.	(Signed) (Address) Careface (M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	-	Example 11	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	------------	----	-----------

S. No.

	County Garrett	n
Vill	2 FULL NAME Sessie Bee -	
	PERSONAL AND STATISTICAL PARTICULARS	
35	Male White Single, MARRIED. MARRIED. WIDOWELD (Write the word)	16 DATE OF
	OATE OF BIRTH March 12 (Month) (Day) (Year)	that I last a
7 A	If LESS than I day hrs. or min.?	The CAUSE
	b) Cancel nature of industry  ousiness, or establishment in  which employed or (employer)  Output ACE	Contribu
	O'S Starry, Grant Ps., WVan  10 NAME OF FATHER Frederick Lee  11 BIRTHPLACE	(Signed)2
PARENT	OF FATHER (State or country) Long Low, md. 12 MAIDEN NAME Eliga Pasulr	*State Violent Accidenta 18 LENGTH ients or
14	OF MOTHER (State or country W. Staren - Great C. What The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
	(Informant) R. C. Shumaker (Address) Wilson, W. Va,	Former or usual residence 19 PLACE OF TAURY
15	Filed March 4 1995. Virginia M. Harag	20 UNDERT

STATE OF MARYLA CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-St.: Ward)

tion, give its NAME in-stead of street and number.)

#### MEDICAL CERTIFICATE OF DEATH

(Month)-

HEREBY CERTIFY. That I attended the deceased from

deaths from in

the Discase Causing Death, Jor, Caus. s, state (1) Means of Injury , Suicidal or Homicidal. (2) whether and

OF RESIDENCE (For Hospitals, Institutions, Trans-Recent Residents)

In the yrs.....mos.....

sease contracted. ce of death?

BURIAL OF REMOVAL

If more branke are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queseupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocshould be used only when needed. As e-amples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Spinner, cases, especially in industrial employments, it is necesstate occupation at beginning cfiliness. If retired from or given up on account of the DISPATE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Tealwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Duy Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material -Coul mine, ctc. Locomotive engineer, (6) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (aveid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "IIaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, tetavus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. approved by Committee on Nomenclature of the (Recommendations on statement of cause of carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic Example: Measles (disease The nature of the injury, etc. affection need not be valvular heart discuse; The contributory Always qualify all Mensles; death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

m

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03019
1. PLACE OF DEATH	
County	Registration Dist. No. 16
Village or Constitution	NoSt.,Ward
Length of residence in city or town where death occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds, How long in U.S. if of foreign birth?yrsds.
10. 418	Ca &
2. FULL NAME WAY THE PARTY OF T	O. Ward
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 3 - 7 , 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That t attended decaased from
6. DATE OF BIRTH (month, day, and year) 3-236	I last saw harman alive on
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at
1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Dery wing of mall
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Was born weak; no apparent cause.
O 10. Date deceased last worked at state of this occupation (month and spent in this year) occupation occupation	mo further information out to
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and yaar)  12. BIRTHPLACE (city or town) (State or country)	Other Cantributary Causes of importance: 6/23/1936.
II 13. NAME Melmy & Saves	
13. NAME No. 14. BIRTHPLACE (city or town)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME WANT IN SAME	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicida, or homicide?
17. INFORMANT (Address)  18. BURIAL CREMATION OR REMOVAL	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa / 1/11/ 1/11/ Date 3 - 3 , 1935	Nature of injury
19. UNDERTAKER 9 D D Demos W/a .	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 8-3, Bu Church & Shaff	(Signed) M. I
If more blanks are needed, address State Registrar.	, 2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relation healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years of the deceased had retired from business, report the occupation prior to retirement. Children not gainfully oved may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER STATI	EMENTS BY PHYSICIAN
----------------------	---------------	---------------------

V. S. No. 1

STATE OF MARYLANI	D-CERTIFICATE OF DEATH 03020
1. PLACE OF DEATH	110
County garrett	Registration Dist. No. 168
Village or City Route # 2 1/2	sol hourg St. Ward
Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number)  This
2. FULL NAME Honald along	Signa McKenni
(a) Residence: No. Coule # 2	according to the same of the s
(Usual place of abode)	St., Ward.  If nonresident give city or town and State /
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOW OR DIVORCED write the Mo	
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of 6-fule	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) May 29.193	O I last saw bear elive on 700 10 1935; death is sale
7. AGE Years Months Pays If LESS t	, and the state of
4 9 /2 1dey,mi	THE FRINCIPAL LAUSE OF DEATH and felated ceuses of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
9. Industry or business in which	Total Freemana Mars
work was done, as SILK MILL, SAW MILL, BANK, etc	
O. Date deceased last worked at this occupation (month and spent in this	
year) occupation occupation	Other Centributory Causes of importance:
12. BIRTHPLACE (city or town) toute 2 garrelt ( (State or country)	ously flexite Bronchito
13. NAME Les ly Chenne	
14. BIRTHPLACE (city or town) Locale Clarely	Name of operation
(State of country)	What test confirmed diagnosis? Live First. Was there an autopsylva).
Put	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Sea Mc Kenzie.	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Route #2 garretto Co.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mchengel Gen Oate Mar / 3, 19	Neture of injury
19. UNOERTAKER acob Holer, (Address) Frostlung Tud	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Jan 12, 1935 The Region	(Signed) John June M. D. M. D. (Address) John June M. D.
If more blanks are needed, address State Reg	gistrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS snound some

D. Every item of infor-

LY, WITH UNFADING INK-THIS IS A PERMANENT RE

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.—WRITE PLA

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03021						
1. PLACE OF DEATH	(6)						
County Sameth	Registration Dist. No.						
Village or City Vandet	No. St., Ward						
Length of residence in city or town where death occurred / Leyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?						
2. FULL NAME James Hilburn Mc Robie							
(a) Residence No.	St Ward.						
(Usual place of abode)	If nonresident give city or town and State						
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH						
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Month (Day)  (Year)						
a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceesed from						
(or) WIFE of							
5. DATE OF BIRTH (month, day, and year) Seele 80 1918	I last saw h; death is seid						
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7-3-0 P.m.						
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:						
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	not pulmonory testorcularies Ceoffe						
SAWYER, BOOKKEEPER, etc	Culmonary Themarkage. 3/5/35						
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Prelumenty Edewer 3/5/35						
Q. Date deceased last worked at this occupation (month and spent in this	Culmonary betweenhage not due to tobercut						
year) // Occupation occupation	Other Contributory Causes of importance;						
12. BIRTHPLACE (city or town)							
(State or country)	Epilepry 1925						
13. NAME / aylor the Roace	Paleed delik without with aid						
(State or country)	Name of operation Date of Was there an autopsy? No						
15. MAIDEN NAME CONTROL	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:						
16, BIRTHPLACE (city or town) Turketon	Accident, suicide, or homicide? Date of injury 19						
(State or country)	Where did injury occur?						
17. INFORMANT Jaylor Inc Robol (Address) Vinder Ind	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.						
8. BURIAL, CREMATION OF REMOVAL Place PRO 7 1985	Manner of injury						
19. UNDERTAKER THAT Thatfleer (Address)	24. Was disease or injury in any way related to occupation of deceased? No						
20. FILED 3/6 , 135 a & Barrelo Registrar.	(Signed) Stalph Calandella M.D.  (Address) Netzmiller, Maryland						
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.						

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Oth			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	P	PH	ct
5	RE		Exa
	L	LY	
2	NE	E	fied
2	MA	A	assi
	ER	EX	lo '
2	d	pa	erly
5	S	state	rop
PHILINIA TO THE PARTY OF LOW DIVING	E PLAIMLY, WITH UNFADING INK-THIS IS A PERMANENT RECO	should be carefully supplied. AGE should be stated EXACTLY. PH	OF DEATH in plain terms, so that it may be properly classified. Exact
4	TH	P	A
4	1	loul	ma
2	Z	S	it
747	5	GE	thai
3	DIN		000
5	FA	lied	ms,
	S	ddn	ter
1	H	S	ain
,	WIJ	full	ld n
	r,	are	H
	5	o a	Ę
	A	q p	DE,
	PL	onl	F
	[-]	sh	0

state infor-

of plnods

item

3D. Every YSICIANS OCCUPA.

Jo

statement

certificate.

back

on

instructions

See

very important.

S

WRITE

CUPATION

FATHER

MOTHER

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT County Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. St., (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 193 5 (Month) (Oav) (Year) 5e, If married, widowed, or divorced HUSBANO of 22. (or) WIFE of CERTIFY. That I attended deceased from 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oavs If LESS than to have occurred on the date stated above, at 1 day, ---- hrs 60 The PRINCIPAL CAUSE OF DEATH and related causes of Importence or .... min. were as follows Oata of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL. SAW MILL, BANK, etc ... O. Oate deceased last worked et this occupation (month and 11. Total time (years) spant in this occupation \_\_\_ 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) Name of operation (State or country) What test confirmed diegnosis?. 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) filt in also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?. Oate of injury (State or country) Where did injury occur?. (Specify city or town, county and State) 17. INFORMANT Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury Nature of injury 19. UNOERTAKER 24. Was disease or injury in any way related to occupation of deceased (Address) If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREALTY			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year

adon should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

CUSE OF DEATH in plain terms, so that it may be

Exact statement of OCCUPA-

# STATE OF MARYLAND—CERTIFICATE OF DEATH 0

1. PLACE OF DEATH	95-8
County Jerres	Registration Dist. No.
Village or City Blooming Ton	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	/ Individual in 0.3.11 of following mixing
2. FULL NAME of any	
(a) Residence: No. (Usual flace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	May 1933 (Month) (Day) (Yeer)
a. If married, widowed, or divorced	(month) (vay) (real)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY That Lattended deceased fro
	19-11-10-10-10-10-10-10-10-10-10-10-10-10-
DATE OF BIRTH (month, day, and year)	I last samples 1
AGE Years Month's Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importence
74 B 29 ormin.	were as follows: Date of one
8. Trade, profession, or particular kind of work done, as SPINNER,	R
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Mel 10
work was done, as SILK MILL, SAW MILL, BANK, etc.	Al Solomonta 19
10. Date deceased last worked at 11. Total time (years)	V June 1
this occupation (month and year) — All A — A — Y — spent in this occupation — S	
e in this	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) (State or country)	mais Cenol Diseases
13. NAME Nicholos Dorigh	
Atal 201	Name of operation
14. BIRTHPLACE (city or town) Succentry 294:	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill In also the following:
Contract (Tab)	Accident, suicide, or homicide? Oate of Injury 19
16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
11 C Mariahi	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(7. INFORMANT (Address) Bloomers (A) Md	opening minimal injury occurred in introduction, in nome, or in robert rende.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Seveneratory Date May 77, 1935	Nature of injury
K. J. Z.	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	2-1-1
(numers) Sarum Ma	(Signed) All Streeters M
20. FILED / 104 1/1935 Voracy Vellism	Congress of the Alice Views

If more blanks are needed, address State Registrar, 2411 N. Chaples Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	<i>2</i>		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03024
1. PLACE OF DEATH	(aut) 11/3/
County Sarrett	Registration Dist. No.
Village or City Kitymeller	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Mary Jane. An	
(a) Residence: No. Dillymeller ma	Cot., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 3. SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. Linguistic Color of the word)	21. DATE OF DEATH 3, 193 5 (Month) (Day) (Year)
5a. If married, widowed or divorted HUSBAND of (or) WIFE of John a. Paugh	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 9 1856	1 last saw h. 2.5 alive on March 3 , 19.35 ; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Hard of work done, as SPINNER, Hard of the profession of the second of the	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which	Cotonary Thrombosis March 3:3
work was done, as SILK MILL,	Suricular Febrillelyn 1935
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)	Hyperlension 1934
12. BIRTHPLACE (city or town) Sevantore	Other Contributary Causes of importance:
(State or country) manyland	· · · · · · · · · · · · · · · · · · ·
13. NAME John Barnard	
13. NAME TOWN BUTTON 13. NAME TO TOWN 13. NAME TO TOWN 14. BIRTHPIACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis?
15. MAIOEN NAME Mary Jame Behrand &	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary Jane Behard.  16. BIRTHPLACE (city or town) Bloomington, Ma	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMAN AS Musical Ulgaria (Address) Citymiller Ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
IN BY DAL CREMITION ON REMOVATING ME 15 3.	Manner of injury
Place Bardon W. Bate Man. 3, 19 30	Nature of injury
19. UNDERTAKER Office J. Bharpless (Address) Blaine W. Va	24. Was disease or injury in any way related to occupation of deceased? 762
20. FILED 3/4 , 1935 a & Barries Registrar.	(Signed) Kulph Calandrella M. D. (Address) Kitzmaller Manfand
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis `	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAL
---------------------------	-----------------------------

plnods

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03025
1. PLACE OF DEATH County Larrely	Registration Dist. No. 1,63
	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs, mos. ds.
(a) Residence: No. (Wsual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dey)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, end year)  7. AGE Yeers Months Pays IT LESS than I day,hrs.	22. I HEREBY CERTIFY. That I ettended deceased from 1932, to 3-17-18-1932. I last saw h 1932, to 3-17-18-1932. I hereby certain to have occurred on the dete stated above, atm. The PRINCIPAL CAUSE OF DEATH end related ceuses of importance
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Oate deceesed last worked at this occupation (month and year)  Many 1-7-1435  Occupation	Date of onset  Carrie of January  Charles of importance:  acute alcoholism
12. BIRTHPLACE (city or town) (Stete or country)  13. NAME  13. NAME  14. Stete or country	
13. NAME Ticholo Caugh  14. BIRTHPLACE (city or town)  (State or country)	Name of operation

Registrar.

(State or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city of town (State or country

17. INFORMAN (Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Menner of injury

23. If death wes due to external causes (VIOLENCE) fill in also the following:

Neture of injury

If so, specif (Signet)

Accident, suicide, or homicide? \_..

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

WRITE PL.

2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation,

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
	3 2 6 <sup>2</sup>			
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	2			
	1.			

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
•	

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03026
1. PLACE OF DEATH	107.00
County Lance	Registration Dist. No. 163-
Village or City Gloomington	No. St., Ward
Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?msmsds,
2. FULL NAME Lola Nelen Raw	lings
(a) Residence: No.	54., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Mar. 2/  (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CEPTIEY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Queg. 20, 1934	Hast saw halle alive on Med 26 1 1935 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 Pm.
7 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done as SILK MILL	Later & Lenemanda
9. Industry or business in which	
SAW MILL, BANK, etc	To Ver ella
Date deceased last worked at this occupation (month and spant in this	- Cy - Control -
year) occupation	Other, Coutributory Causes of importance:
12. BIRTHPLACE (city or town) O lovning Con. Ind	The same of the sa
(State or country)	Machen Gothing
13. NAME Stery R. Kawlings  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Sure Bittinger  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Ling 1. Rawlings (Address) Becoming Cont. Incl.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Belling in mod Date man 23, 1935	Nature of Injury
19. UNDERTAKER W. H. Fullock.	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Pudniont. W.	If so, specify
20. FILEDMAN 22, 1955 Dovely Lattinone Registrar.	(Signed) Address) Seelen wy

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balumore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The month and year the deceased last worked at the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	•	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIA
---	------------	----------	----------	------------	----	----------

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

The industry or business in which the work was done.
 The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy®	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		FECTIVES	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

V. S. No. 1 ä

stated EXACTLY. PHYSICIANS should state

Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

ord. Every item of infor-

of OCCUPA.

# STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	
County Lawrett	Registration Dist. No. 161
Village or City Forendsulle (1	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) sds How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Catherine alvina	Savagle
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemele 4. COLOR OR RACE 5. SHOETE, MARRIED, WIDEWED, OR DEVENCED (write the word)	21. DATE OF DEATH meh 22 2 2 1 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(Or) WIFE of Haller Serage	22. I HEREBY CERTIFY. That I attended deceased from mol 22 1 1935
6. DATE OF BIRTH (month, day, and year) Febry 24 1870	Hast saw her alive on march 22 2 death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, et 1/- 45A m.
65 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Date of onset
kind of work done, es SPINNER, Sourceufs SAWYER, BOOKKEEPER, etc.	Enlargement of Heart
9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	Heart Clos
10. Date deceased last worked at this occupation (month and yeer) corugation	artenal Sclerosis
many land	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Carrie De Donneste
7	7 3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/
E Parl	Name of operation Posts of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Preelle ann Welch	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Preelle and Wilch 16. BIRTHPLACE (city or town) Maryland	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT W. W. Savoja (Address) Thien deviles mot	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place addison Our Date Mar 24, 1935	Nature of injury
19. UNDERTAKER A. H. Laways (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. MAN. 23., 1925 Juniorette Statler	(Signed) A freedante Jul M. D
#	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
11 NOS 3 1905			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03029
1. PLACE OF DEATH	93-C
County Parsell	Registration Dist. No. 166
Village or City Cakland, Wild	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME a seph Edusard	Muffer
(a) Residence: (No(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
13. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed or divorced HUSBAND of	
(or) WIFE of Louise skepper	22. I HEREBY CERTIFY, That I attended deceased from
W/ 215	19.35, to /kaca 19.35
7. AGE Years Months Days If LESS than	I last saw h alive on
13 11 h 1day hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
63 11 20 ormin.	were as follows: O Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Me elacuee	Confidence Carriers 1933
Industry or business In which     work was done, as SILK MILL,     SAW MILL, BANK, etc	
70. Date deceased last worked at this occupation (month and year)	
	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	arterpoecheren
The state of	05 cy Pre - 1934
13. NAME / BIRTHPLACE (city or town) Baltina are	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Comana Schraffer	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Romanal Schaffer  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?Date of injury,19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT SULL STATEMENT (Address) Cafela Alla	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placelatiana ud Datellarels 1995	Nature of injury
19. UNDERTAKER Engly (O), Coldens (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1923 Julia Karver	(Signed) & Mone Deem a free M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Rediesting U. S. No. 1.

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arterioselerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5, 1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones Mau 1.1923 1 year

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------------	---------	------------	----	-----------

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03031
1. PLACE OF DEATH	(82-E)
County Varrett 1	Registration Dist. No. 6 6
Village or City lake and Will	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jours Guty	4
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED	21. DATE OF DEATH 4
Male while make the word	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Waref Deether,	22. I HEREBY CERTIFY, That I atlended deceased from
to the tig tigue	I last saw h live on the live on 14 1935 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Days If LESS than	to have occurred on the date steted above, et. 6
80 4 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER RDDKKFEPER att.	Date of onset
JAN LEN, DEDNINGER EN, GEG.	
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	Cerbral Grubalism
10. Dete deceased last worked et 11, Total time (years) spent in this year) ccupetion	
la AA On	Other Contributory Causes of Importance:
12, BIRTHPLACE (city or town) (Stete or country)	
13. NAME a colo feetay	
4. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME Mary Physics	23. If deeth was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) / a of A e	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place IVA IT QUE Dete 7 1925	Neture of injury
19. UNDERTAKER Englos N. Baldon (Address)	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Mar 16, 19 35 Vulia Rowan	(Signed) M. D. M. D.
Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		RECEIVED		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
